

L4 ANSWER 20 OF 23 DRUGU COPYRIGHT 2005 THE THOMSON CORP on STN

ACCESSION NUMBER: 1993-20415 DRUGU T S

TITLE: Analgesic Efficacy of an **Ibuprofen-Oxycodone** Combination.

AUTHOR: Cooper S A; Haber B; Ilacqua J; Glauda N; Lamp C

LOCATION: Philadelphia, Pennsylvania, United States

SOURCE: Clin.Pharmacol.Ther. (53, No. 2, 172, 1993)

CODEN: CLPTAT ISSN: 0009-9236

AVAIL. OF DOC.: Temple Univ Sch Dentistry, Phila, PA., U.S.A.

LANGUAGE: English

DOCUMENT TYPE: Journal

FIELD AVAIL.: AB; LA; CT

FILE SEGMENT: Literature

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AB The analgesic efficacy of **ibuprofen + oxycodone** (IB+OX) was compared with that of IB alone in patients with pain due to surgical removal of impacted teeth in a parallel group, double-blind, placebo-controlled, factorial design clinical trial. Both IB and IB+OX were better than placebo at every hrly observation and for all other measures of efficacy. IB and IB+OX were better than placebo at every hrly observation and for all other measures of efficacy. IB+OX was superior to IB for relief, pain intensity difference (PID) and AUC PID. Compared to IB, IB+OX had the longest time to rescue analgesic and the highest % analgesic responders. The combination also had the highest incidence of side-effects.

ABEX Methods 47 Patients with pain due to surgical removal of impacted teeth received IB+OX (IB **400 mg**; OX 5 mg), 37 IB (**400 mg**) alone and 24 placebo. Results Both IB and IB+OX were better than placebo at every hrly observation and for all other measures of efficacy. IB+OX was superior to IB for relief (hr 4-6), PID (hr 5-6) and AUC PID. Compared to IB, IB+OX had the longest time to rescue analgesic (282 vs. 242 min) and the highest % analgesic responders (68 vs. 51%). The combination also had the highest incidence of side-effects. (PJ)

L4 ANSWER 16 OF 23 MEDLINE on STN DUPLICATE 9

ACCESSION NUMBER: 1999294557 MEDLINE

DOCUMENT NUMBER: PubMed ID: 10368091

TITLE: Additive analgesic effects of **oxycodone** and **ibuprofen** in the oral surgery model.

AUTHOR: Dionne R A

CORPORATE SOURCE: Pain and Neurosensory Mechanisms Branch, National Institute of Dental and Craniofacial Research, National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, MD 20892, USA.. dionne@yoda.nidr.nih.gov

SOURCE: Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons, (1999 Jun) 57 (6) 673-8.
Journal code: 8206428. ISSN: 0278-2391.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Abridged Index Medicus' Journals; Dental Journals; Priority Journals

ENTRY MONTH: 199906

ENTRY DATE: Entered STN: 19990628

Last Updated on STN: 19990628

Entered Medline: 19990616

AB PURPOSE: A traditional approach to achieve greater analgesic efficacy is to combine an efficacious dose of a nonopioid with a dose of an opioid sufficient to produce additive analgesia without a substantial increase in the incidence of adverse effects. This study evaluated the additive analgesic effects of the combination of **ibuprofen** and **oxycodone**. PATIENTS AND METHODS: A dose of **400 mg ibuprofen** was compared with **400 mg ibuprofen** with **oxycodone** in doses of 2.5, 5, or 10 mg in the oral surgery model of acute pain. Analgesic efficacy was measured with category and visual analog scales at 15, 30, 45, and 60 minutes and hourly up to 6 hours. RESULTS: **Ibuprofen** plus 10 mg **oxycodone** produced significantly greater analgesia compared with the other three groups, as measured by the visual analog scale from 15 minutes after drug administration up to the 2-hour observation. All four treatments were similar from 3 to 6 hours, with the area under the pain intensity difference curve being similar across groups. Neither the 2.5-mg nor the 5-mg **oxycodone** dose provided any additive analgesia over **ibuprofen** at any points. Addition of **oxycodone** resulted in a dose-related increase in the number of patients reporting adverse effects, with significantly greater drowsiness and vomiting at the 10-mg dose. CONCLUSIONS: These results indicate that additive analgesia can be achieved for the combination of a nonsteroidal anti-inflammatory drug and an orally effective opioid, with faster onset of relief for the combination of **400 mg ibuprofen** and 10 mg **oxycodone** over the first 2 hours after administration, but at the expense of an increased incidence of adverse events.

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